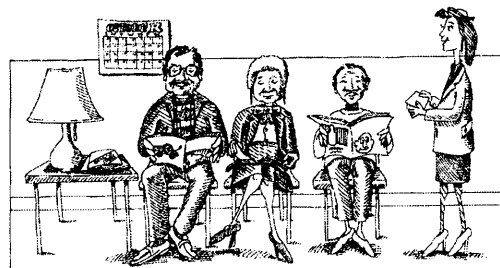


Tên bệnh nhân: _____ Ngày sinh: ____/____/____
 (tháng) (ngày) (năm)

Bản Hỏi Đáp để Phân Loại Chứng Ngừa cho Người Lớn



Dành cho bệnh nhân: Những câu hỏi sau sẽ giúp chúng tôi quyết định có thể cho quý vị dùng những loại thuốc chủng nào hôm nay. Nếu quý vị trả lời “có” cho bất cứ câu hỏi nào, điều đó không nhất thiết có nghĩa là quý vị không nên chích ngừa, mà chỉ có nghĩa là cần phải hỏi thêm một số câu hỏi. Nếu có câu hỏi nào không rõ ràng, xin nhờ chuyên viên chăm sóc sức khỏe giải thích cho quý vị.

	Có	Không	Không Biết
1. Hôm nay quý vị có bệnh không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quý vị có bị dị ứng với thuốc men, thực phẩm, hoặc bất cứ thuốc chủng nào không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quý vị có khi nào từng bị phản ứng nghiêm trọng sau khi chủng ngừa không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quý vị có vấn đề sức khỏe kinh niên về bệnh tim, bệnh phổi, suyễn, bệnh thận, bệnh chuyển hóa (như tiểu đường), thiếu máu, hoặc bệnh khác về máu không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Quý vị có bị ung thư, bệnh bạch cầu, AIDS, hoặc bất cứ chứng bệnh miễn nhiễm nào khác không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Quý vị có đang dùng cortisone, prednisone, các loại steroids khác, hay thuốc chống ung thư, hoặc quý vị từng được trị liệu bằng phóng xạ không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quý vị có bao giờ từng có vấn đề về giật kinh, não, hay thần kinh không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trong năm vừa qua, quý vị có được truyền máu hay nhận các sản phẩm máu không, hoặc được cho dùng một loại thuốc gọi là immune (gamma) globulin hay thuốc chống virus không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dành cho phụ nữ: Quý vị đang mang thai hoặc quý vị có thể tình cờ thụ thai trong tháng tới không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Quý vị có dùng bất cứ loại thuốc chủng nào trong vòng 4 tuần qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Người điền mẫu: _____ Ngày: _____

Người duyệt mẫu: _____ Ngày: _____

Quý vị có mang theo thẻ hồ sơ chủng ngừa không? có không

Điều quan trọng là quý vị nên có một hồ sơ ghi những lần chủng ngừa của mình. Nếu quý vị không có hồ sơ cá nhân, hãy yêu cầu chuyên viên chăm sóc sức khỏe lập hồ sơ cho quý vị. Giữ hồ sơ này ở nơi an toàn và mang theo hồ sơ mỗi lần quý vị nhận chăm sóc y khoa. Nhớ nhắc chuyên viên chăm sóc sức khỏe ghi vào hồ sơ tất cả những lần chủng ngừa của quý vị.

Information for Health Professionals about the Screening Questionnaire for Adults

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.



1. Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you have allergies to medications, food, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 2.

3. Have you ever had a serious reaction after receiving a vaccination?

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community measles outbreak).

4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?

Persons with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

5. Do you have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella, zoster [shingles], and LAIV) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ μ L. Immunosuppressed persons should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

6. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?

Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 5). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant persons younger than age 50 years.

7. Do you have a seizure, brain, or other nervous system problem?

Tdap is contraindicated in persons who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For persons with stable neurologic disorders (including seizures) unrelated to

vaccination, or for persons with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications; 3) MCV4: avoid vaccinating persons unless in recommended risk groups.

8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?

Certain live virus vaccines (e.g., LAIV, MMR, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?

Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 3, 4, 5, 7, 8)

10. Have you received any vaccinations in the past 4 weeks?

If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, varicella, zoster, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

References:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.
3. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination.
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/downloads/b_hstc-recs.pdf.
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).